

NAME: _____ DUTY STATION: _____

TITLE: _____ SERIES & GRADE: _____

EVALUATION PERIOD: FROM _____ TO _____

EVALUATION FACTORS

	Above	On Track	Below
A. Problem Solving, Analysis And Research Ability to analyze problems and discern basic issues, ability to identify, locate and interpret resource material; to use sound judgement in making recommendations and reconcile diverse points of view.			
B. Learning And Application of Technical Knowledge And Skill Ability to grasp and apply fundamental and progressively more complex practices, theories, techniques and methodologies of the career field.			
C. Organization Of Work Ability to organize work, establish realistic goals and means for attaining them, deal with changing priorities and adopt new methods.			
D. Instructions Ability to respond to oral and written instruction, work effectively with broad guidelines and complete assignments with minimal direction.			
E. Written Expression Ability to express/convey analyses, recommendations and information in writing, using appropriate grammar, style, and format within given deadlines.			
F. Oral Expression Ability to convey or acquire information from others verbally. Ability to secure agreement without friction and to establish/maintain effective professional relationships with people at all levels in the organization.			
G. Professionalism Cooperates well with others. Works well in a team. Gets along with co-workers.			
H. Promotion Potential Demonstrates characteristics indicative of potential for higher level positions			

Evaluation Number 1 2 3 4 5 6
(Circle one) 1st year every 6 months 2nd year every 6 months 3rd year every 6 months

INTERN HAS SATISFACTORILY COMPLETED WORK ASSIGNMENTS AND TRAINING DURING THE REPORTING PERIOD IDENTIFIED ABOVE. YES _____ NO _____.

INTERN IS SATISFACTORILY PROGRESSING IN THE ACCOMPLISHMENT OF THE IDP. YES _____ NO _____.

SUPERVISOR's COMMENTS (Comments must be provided if performance evaluation is weak or there is no promotion potential):

Final review prior to graduation:

- ☐ Intern has completed all requirements of the MDP and has attained all of the necessary competencies.
- ☐ Intern has not completed all graduations requirements (Contact the NCAWPD Career Manager)

SIGNATURES

_____ Supervisor (Type/print & sign)	_____ Date	_____ Intern	_____ Date
_____ Career Field Manager/Intern Counselor (Type/Print & Sign)		_____ Date	

Note: Submit one (1) month early when a promotion or graduation is due.